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this center were filled with patients. We had beside forty-two barracks, sixteen tents, with fifty cots in a tent, all were filled with sick men, but not wounded. At this same time fifteen nurses were ordered to other stations where there were very few nurses to do the work. This lessened our number and the work increased to such an extent that the working hours were from sixteen to eighteen a day, during this emergency, but no one complained of having too much to do. The greatest disappointment in Unit 53 seemed to be that more could not be done for these soldiers. It rained incessantly and with the cold, shortage of fuel, and few stoves, at times you would think the strongest heart would fail. During the influenza epidemic many nurses were sick with colds and several were off duty, but the greater number never gave up. The damp, cold weather was so penetrating, we were required to wear all the warm clothing we had. Another difficulty was to get this laundered. After February 1, 1919, we managed to get a small laundry for nurses' clothing and with the help of a few maids, under the supervision of a nurse who could speak French, we took care of about 2,000 pieces. Until that time we washed our own clothes after the work in the hospital was finished. About November 1st, 1918, we got stoves and at 5 o'clock in the morning fires were built and nurses could get about the stove to dress. Our work kept up very briskly until March 1, 1919, as patients were being evacuated from other hospitals, nearer the front. Our Unit at one time consisted of 203 nurses. After January 1, 1919, nurses were given leaves of absence to any place it was permissible for them to go. Red Cross searchers were busy writing letters for patients. Our two chaplains were accessible to calls and most of the time were busy with patients. The "Y" was very near and services were held in the "Hut" every Sunday. We had a large Red Cross Hut always open. In this Hut was a nice library, a large dancing floor, and our wonderful band played most of the time, also at Retreat. After the armistice, we had more ambition for recreation and monthly dinner dances, theaters, movies, concerts, etc., took up considerable time. Over one-half of the number of nurses in Unit 53 requested to remain in the A. E. F. An evidence of appreciation by the French Government was the citation given our Unit by the Mayor of Langres and a number of honorable officials. A formal program was given. Our Flag was decorated with the colors and an insignia of the coat of arms of Langres, beautifully displayed in colors, was presented to the Unit. The nurses wore this insignia on the left sleeve. Our Unit flag was sent to Miss Thompson, who appreciated the honor. We went for work and we found it. We lost none of our number, although several have come back physically unfit for duty.

LOUISE M. SPOHR.

RANK FOR NURSES

I.

Dear Editor: While the question of Rank for Nurses is being so universally discussed and agitated, I feel that now is the time to correct erroneous expressions regarding the Army Nurse Corps. The term "Enlisted," as so often spoken of, by Reserve and Emergency Nurses, has no place in Army Nurse Corps paper work, nor has the term, "Service Record." The Army Nurse is "Appointed," and carries a "Letter of Appointment." Personally, I have always been shown courtesy by all the Army, but if with all the new members, it is necessary to begin a system of education, to enable the Army Nurse to "carry on," in the position for which she is trained and "appointed," and Rank for Nurses will help, then now is the time for it. The nucleus, the Regular Army,

from which pruned the great organization which won the World War, is a military affair, not a social function, and as such, has provided to the best of its ability, under very abnormal conditions, all comforts that could be secured for its members. If a few members of the new organization failed to live up to their responsibilities, I feel sure that the remaining ones will do all in their power to make up for the deficiencies of the others and will vote for Rank for Nurses, if they feel that will help the situation.

Ohio

A REGULAR.

II.

Dear Editor: I am a private duty nurse, and have been in the field fifteen years. I was unable to go overseas on account of home ties, but I enlisted in the Home Defense and did emergency work entirely. I want to add my sentiments to those of the others in regard to Rank. It seems to me to be the only solution to the problem that confronts the Army and Navy nursing body. They form a distinct unit and should be recognized as such. I hear no complaints of hardships on the part of the nurses, but they all complain of the same humiliation and lack of coöperation on the part of the officers. Let it not happen again. It must not. Most of the women in the nursing profession are good, sterling types of womanhood, and should have all help possible in the alleviation of pain. Let them have Rank.

California

G. E. A.

III.

Dear Editor: After reading some articles in the *American Journal of Nursing* in regard to relative rank for nurses, many of us disapprove of same. I am in the Regular Army, and did not get overseas, although I signed for overseas service. What we want first of all is to be treated on the square. We do not expect any favors in the Army, although many are shown them, and it appears that the ones who break the most rules are just the ones whom the C.N.'s regard as being most efficient. I have been under one chief nurse who did treat every one alike. If she had any favorites she never showed it in her professional work. I, for one, cannot see where we will be benefited by Rank. Surely the patients have respect for their nurses, while the officers would not change even if we had Rank. They would continue to treat us as dirt under their feet. We are not allowed to be on social relations with the men in the ranks, but more than two-thirds of the nurses who married in the service have married from sergeants down. Until our chief nurses give us all a square deal, and stop showing favoritism, the Army Nurse Corps will not be benefited by relative rank. Our medical manual says we are to have two months' night duty in twelve, and in some cases three. I had to do over four months' night duty in less than fifteen months, while other nurses serve a year and more with no night duty. We are not allowed to write to Washington for an explanation unless our chief nurse sees the letter first. Unless it meets with her approval it is not mailed. We put in for a transfer through military channels. We hear nothing of it. Why is it a few can get anything they ask for, while others get nothing.

Maryland

A REGULAR ARMY NURSE.

(We think this letter is a strong argument for rank.—Ed.)